

Application: \$80  
Background Check: \$15

**TOTAL FEE: \$95**

**NON-REFUNDABLE**

Payable to:  
Maine State Treasurer

## REAL ESTATE LICENSE APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

OFFICE OF LICENSING & REGISTRATION

MAIL ALL APPLICATION MATERIALS TO:

### MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

PH 207 624-8518 FAX 207 624-8637 HEARING IMPAIRED 888 577-6690

INTERNET [WWW.MAINEPROFESSIONALREG.ORG](http://WWW.MAINEPROFESSIONALREG.ORG)

FOR MREC OFFICE USE ONLY

CHECK NO \_\_\_\_\_

AMT \_\_\_\_\_

CASH NO \_\_\_\_\_

APPRVL DATE \_\_\_\_\_

LIC NO \_\_\_\_\_

LIC TERM \_\_\_\_\_

**INSTRUCTIONS** Read instructions carefully before completing. Print clearly in ink and include all applicable enclosures.

Submitting an Incomplete application will result in longer processing time.

ALL APPLICANTS must enclose a completed criminal records check form.

ALL NON-RESIDENT APPLICANTS must include an Irrevocable Consent to Service form (required if your legal residence is not Maine)

- **Sales Agent** license applicants must apply for the license within 1 year of passing the exam or course and enclose the following:
  - original sales agent licensing exam score report, **OR**
  - original certificate of completion for Introduction to Real Estate.
- **Associate Broker** license applicants qualifying by mandatory coursework and passing the Associate Broker exam must enclose:
  - original Associate Broker licensing exam score report.

[Applicants must complete two full years of active licensure as a Sales Agent to qualify for an Associate Broker license and may submit this application no more than 30 days before the Sales Agent license is due to expire. The new license will be issued and mailed to the agency once the two year requirement has been met.]
- **Broker** license applicants qualifying by one year experience as a Maine licensed Associate Broker and completion of Role of the Designated Broker must apply for the license within 1 year of completing the course and enclose the following:
  - original certificate of completion for Role of the Designated Broker; and
  - Brokerage Activity Report documenting experience over the year immediately preceding the date of this application.
- **Reciprocal** license applicants qualifying by being actively licensed in another jurisdiction and by passing the Maine law exam must apply for the license within 1 year of passing the law exam and enclose the following:
  - original Maine law exam score report, and
  - certificate of licensure from each state in which applicant holds or has ever held a real estate license.
- **Renewal of expired license** applicants qualifying by having previously held a Maine real estate broker or associate broker license and by passing the Maine law exam must apply for the license within 1 year of passing the Maine law exam and enclose the original Maine law exam score report.

Check the status of your application online by clicking on FIND A LICENSEE at [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org).

**LICENSE TYPE** (Check One) ☐ **BROKER** ☐ **ASSOCIATE BROKER** ☐ **SALES AGENT**

#### APPLICANT INFORMATION (print legibly in ink)

FULL LEGAL NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

AGE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_

#### REGISTERED ADDRESS – MANDATORY – DO NOT ENTER REAL ESTATE AGENCY ADDRESS HERE

This address is considered public information and may be posted on the internet. Enter a P O Box or other non-home address in this box if you do not wish to have your home address released to the public.

Street/PO Box \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP (+4) \_\_\_\_\_ - \_\_\_\_\_ PH ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL (Opt.) \_\_\_\_\_

**HOME/LEGAL ADDRESS** PLEASE NOTE: This address may be released to the public and/or posted on the internet if no Registered Address exists or if this address is the same as the Registered Address.

Street/PO Box \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP (+4) \_\_\_\_\_ - \_\_\_\_\_ PH ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL (Opt.) \_\_\_\_\_

## LICENSING HISTORY

Do you now hold OR have you ever held any type of Maine real estate license?

☐ NO ☐ YES

Do you now hold OR have you ever held a real estate license in another state or jurisdiction?

☐ NO ☐ YES

*If yes, include with this application a certificate of good standing from each state and/or jurisdiction.*

Have you ever had any type of professional license revoked or suspended in this or any other state?

☐ NO ☐ YES

*If yes to any of the above, complete the following:*

	1	2	3	4	5
Type of License Held					
Licensing State					
License Expire Date					
Date Suspended/Revoked					

## CRIMINAL BACKGROUND DISCLOSURE

Have you ever been convicted by any court of any offense?

☐ NO ☐ YES

If yes, provide a written statement on a separate sheet of paper that includes the date of the offense and a detailed description of the event(s) surrounding the conviction. Submit your written statement and a copy of the court judgment(s) with this application.

**IMPORTANT NOTE:** Failure to disclose convictions may result in fines, suspension and/or revocation of a license.

## EDUCATION **Complete all that apply. High school diploma or equivalent is required.**

SCHOOL NAME

STATE

YEAR GRADUATED

DEGREE

☐ HIGH SCHOOL DIPLOMA \_\_\_\_\_

☐ GED \_\_\_\_\_

☐ SOME COLLEGE \_\_\_\_\_

☐ COLLEGE GRADUATE \_\_\_\_\_

## CURRENT OCCUPATION

## US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT – Voluntary Information

To comply with a request from the US Department of Housing and Urban Development, we are soliciting the following information. You are NOT required to furnish this information, but your cooperation is appreciated.

### 1. Racial/Ethnic Background

☐ AFRICAN AMERICAN (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

☐ CAUCASIAN (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa or the Middle East.

☐ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐ ASIAN or PACIFIC ISLANDERS: All person having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

☐ AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Sex: ☐ Female ☐ Male

**REFERENCES** Applicant: You are required to furnish the notarized recommendations of three references not related to you who have known you at least one year and who can attest to your good character and reputation. Be sure that names are printed legibly, full mailing addresses are included and reference signatures are properly notarized.

**REFERENCE ONE** Read the statement below, print your name, full mailing address and phone number and sign in the presence of a notary public. I, the undersigned, serving as reference to the applicant's good character, hereby swear that I am not related to the applicant and that I have known the applicant for a period of at least one year. I also attest to the applicant's good reputation for honesty, truthfulness, fair dealing and competency and recommend that the type of license for which application is made be granted.

Reference's Printed Name \_\_\_\_\_

Street/PO Box, City, State, Zip \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

Reference's Notarized Signature \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC:** The above named personally appeared before me and being duly sworn according to law did sign this document in my presence as reference to the applicant's good character and as recommendation that applicant be granted the license sought.

Sworn and subscribed to before me in the city/town of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Term of Commission \_\_\_\_\_

**REFERENCE TWO** Read the statement below, print your name, full mailing address and phone number and sign in the presence of a notary public. I, the undersigned, serving as reference to the applicant's good character, hereby swear that I am not related to the applicant and that I have known the applicant for a period of at least one year. I also attest to the applicant's good reputation for honesty, truthfulness, fair dealing and competency and recommend that the type of license for which application is made be granted.

Reference's Printed Name \_\_\_\_\_

Street/PO Box, City, State, Zip \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

Reference's Notarized Signature \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC:** The above named personally appeared before me and being duly sworn according to law did sign this document in my presence as reference to the applicant's good character and as recommendation that applicant be granted the license sought.

Sworn and subscribed to before me in the city/town of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Term of Commission \_\_\_\_\_

**REFERENCE THREE** Read the statement below, print your name, full mailing address and telephone number and sign in the presence of a notary public. I, the undersigned, serving as reference to the applicant's good character, hereby swear that I am not related to the applicant and that I have known the applicant for a period of at least one year. I also attest to the applicant's good reputation for honesty, truthfulness, fair dealing and competency and recommend that the type of license for which application is made be granted.

Reference's Printed Name \_\_\_\_\_

Street/PO Box, City, State, Zip \_\_\_\_\_

Daytime Telephone Number(s): \_\_\_\_\_

Reference's Notarized Signature \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC:** The above named personally appeared before me and being duly sworn according to law did sign this document in my presence as reference to the applicant's good character and as recommendation that applicant be granted the license sought.

Sworn and subscribed to before me in the city/town of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Term of Commission \_\_\_\_\_

**AGENCY AFFILIATION** *Complete in full including agency and designated broker license numbers and expire dates.*

AGENCY NAME \_\_\_\_\_

AGENCY LICENSE NO. (Ex: AC90600001) \_\_\_\_\_ EXPIRE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DESIGNATED BROKER NAME \_\_\_\_\_

DESIGNATED BROKER's LICENSE NO. \_\_\_\_\_ EXPIRE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

AGENCY MAILING ADDRESS Street/ PO Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_--\_\_\_\_ FAX \_\_\_\_/\_\_\_\_--\_\_\_\_

AGENCY PHYSICAL LOCATION Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_--\_\_\_\_ FAX \_\_\_\_/\_\_\_\_--\_\_\_\_

Agency Email \_\_\_\_\_

**RECOMMENDATION FROM AGENCY'S DESIGNATED BROKER**

In compliance with 32 MRSA Chapter 114, §13191, I \_\_\_\_\_ Printed Name of Designated Broker

do state that in my opinion \_\_\_\_\_ bears a reputation for

Printed Name of Applicant

honesty, truthfulness, fair dealing and competency and recommend that applicant be granted the license indicated.

(Check One) ☐ BROKER ☐ ASSOCIATE BROKER ☐ SALES AGENT

Designated Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S SWORN STATEMENT AND SIGNATURE** *Read the statement below and sign where indicated in the presence of a notary public as your certification of the information provided on this application.*

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Real Estate Commission will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license if this information is found to be false.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC**

The above named (applicant) \_\_\_\_\_ personally appeared before me and being duly sworn according to law deposes and says that the information above set forth is true to the best of the applicant's knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.

Sworn and subscribed to before me in the town of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_ Term of Commission \_\_\_\_\_

**NOTICE**

**PUBLIC RECORD** This application is a public record for purposes of the Maine Freedom of Access law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers of mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**\*SOCIAL SECURITY NUMBER** The following statement is made pursuant to the Privacy Act of 1974, §7 (B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405 (C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
REAL ESTATE COMMISSION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

CAROL J. LEIGHTON  
DIRECTOR

**FEE: \$15**

(You may pay with one check payable to Maine Real Estate Commission that includes both the license fee and the criminal records check fee.)

## CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee.

PRINT IN INK ONLY

Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Complete Mailing Address: Street/P O Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security/Federal I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All other names used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PRINTED ON RECYCLED PAPER

(888) 577-6690 (HEARING IMPAIRED)

PHONE: (207)624-8521 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE